



## Welcome to Friends & Family Chiropractic

When a person seeks the services of a chiropractor, it is essential that they fully understand the objectives of that particular chiropractor.

We have one goal at Friends & Family Chiropractic, to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are located in and protected by the bones of the spine. Misalignments of the vertebrae (bones of the spine) which interfere with the function of these nerve pathways are called **vertebral subluxations**. Subluxations are caused by many of the things you do **every day** and keep your whole body from functioning properly. It is our absolute conviction that **the body is always better off without this interference**.

Consequently, the objective of Friends & Family Chiropractic is to provide a chiropractic adjustment to correct subluxation thereby restoring normal nerve function. It is not the objective or intention of Friends & Family Chiropractic to fix, treat or attempt to cure any physical, mental or emotional ailments although we typically see incredible results with these conditions. **With a proper nerve supply your whole body is better able to reach its full potential and to express more life.**

The information we receive from you is important. We ask only that which is necessary for your care here at Friends & Family Chiropractic. Please fill out the forms completely and to the best of your ability. If you have any questions or if there is any information you feel we should know, please mention it to the chiropractor.

I, (we) \_\_\_\_\_, have read the above, understand it fully, and choose to receive chiropractic for ourselves and our family members (listed below) on this basis.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby agree to allow Friends & Family Chiropractic and its doctors to administer care to my son/daughter, as they deem necessary. I clearly understand and agree that I am personally responsible for payment for all fees charged by Friends & Family Chiropractic.

Signed \_\_\_\_\_ Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

**We are A Family Practice & Would Love to Care for Your Entire Family.**

\*\* Everyone must attend an orientation to be a participant in this office\*\* \_\_\_\_\_ (Initial)



## Personal Information:

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Phone#: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone# (\_\_\_\_\_) \_\_\_\_\_

Can we text you with office closing information and office event information (Y/N).

Email Address: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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## Reason for Seeing Us Today:

\_\_\_\_\_

How does this affect your life?

\_\_\_\_\_

Does this interfere with your recreational activities? (Y/N)

Does this interfere with your productivity? (Y/N)

What would you like to do once you regain your health? \_\_\_\_\_

Have you been to a chiropractor before? (Y/ N) If yes Who: \_\_\_\_\_ When: \_\_\_\_\_

If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here. \_\_\_\_\_

Have you been seen by a medical doctor for any reason in the last year? (Yes/ No) If yes, explain: \_\_\_\_\_

Do you have a family physician? (Yes/ No)

Do you currently take any medications? (Y/N) If yes please list all \_\_\_\_\_

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when:

\_\_\_\_\_

**Thank you for choosing Friends & Family Chiropractic**



Check any and all that apply to you or your family members listed and give a brief explanation below.

| Condition           | Present | Past | Father | Mother | Spouse | Child |
|---------------------|---------|------|--------|--------|--------|-------|
| Allergies           |         |      |        |        |        |       |
| Asthma              |         |      |        |        |        |       |
| Arm Pain            |         |      |        |        |        |       |
| Anxiety             |         |      |        |        |        |       |
| Arthritis           |         |      |        |        |        |       |
| Back Pain           |         |      |        |        |        |       |
| Cancer              |         |      |        |        |        |       |
| Depression          |         |      |        |        |        |       |
| Diabetes            |         |      |        |        |        |       |
| Digestive Problems  |         |      |        |        |        |       |
| Dizziness           |         |      |        |        |        |       |
| Fatigue             |         |      |        |        |        |       |
| High Blood Pressure |         |      |        |        |        |       |
| Headaches           |         |      |        |        |        |       |
| Heart Trouble       |         |      |        |        |        |       |
| Jaw Pain            |         |      |        |        |        |       |
| Menstrual Problems  |         |      |        |        |        |       |
| Neck/Shoulder Pain  |         |      |        |        |        |       |
| Sinus Trouble       |         |      |        |        |        |       |
| Stroke              |         |      |        |        |        |       |

If there is any other information that you feel is relevant please describe it here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Your First Visit:**

Today's visit will include a free consultation and, if you so choose, a chiropractic examination which consists of:

**All time needed to discuss your case with the Doctor, digital thermography scans of your spine, a leg length analysis and all needed x-rays. This information is used to determine if you have a spinal misalignment placing pressure on your nerve system.**

Today's cost is 200.00.

Please initial that you have read and understand that you are responsible for the total cost listed above at the conclusion of today's visit. (This price does not take in to consideration any promotional rates).

Initial Here \_\_\_\_\_

Date: \_\_\_\_\_